

UNITED STATES DISTRICT COURT
for the
DISTRICT OF MASSACHUSETTS

**PRESIDENT AND FELLOWS OF HARVARD
COLLEGE**

Plaintiff

v.

**US DEPARTMENT OF HEALTH AND HUMAN
SERVICES, ET AL.**

Defendant

Civil Action No.:
1:25-CV-11048-ADB

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* **Brooke L. Rollins
Secretary of Agriculture
1400 Independence Ave., SW, Whitten Bldg.
Washington, DC 20250**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

**Steven Paul Lehotsky
LEHOTSKY KELLER COHN LLP
200 Massachusetts Ave. NW, Suite 700
Washington, DC 20001**

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ROBERT M. FARRELL

CLERK OF COURT

/s/ – Caetlin McManus

Signature of Clerk or Deputy Clerk



ISSUED ON 2025-05-22 16:57:12, Clerk USDC DMA

Civil Action No.: **1:25-CV-11048-ADB****PROOF OF SERVICE*****(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))***

This summons for (name of individual and title, if any) _____
was received by me on (date) _____.

☐ I personally served the summons on the individual at (place) _____
_____ on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
_____ on (date) _____; or

☐ I returned the summons unexecuted because _____; or

☒ Other (specify) : **I served summons and amended complaint on 5/27/2025 via certified mail,
receipts attached hereto.**

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

5/27/2025

Date



Server's Signature

Marc K. Duffy

Printed name and title

800 Boylston Street, Boston., MA 02199

Server's Address

Additional information regarding attempted service, etc:

CERTIFIED MAIL



7021 0950 0001 8566 9151
7021 0950 0001 8566 9151

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com™**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postmark
Here

Postage

\$

Total Post

\$

Sent To

Street and

City, State

Brooke L. Rollins
Secretary of Agriculture
1400 Independence Ave., SW, Whitten
Bldg.
Washington, DC 20250

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Brooke L. Rollins
Secretary of Agriculture
1400 Independence Ave., SW, Whitten
Bldg.
Washington, DC 20250



9590 9402 7454 2055 6224 60

2. Article Number (Transfer from service label)

7021 0950 0001 8566 9151

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Red Mail
 Red Mail Restricted Delivery
 or \$500)

Domestic Return Receipt

ROPES
& GRAY

HC-945

53468

FILE

EMPLOYEE NUMBER

Brooke L. Rollins
Secretary of Agriculture
1400 Independence Ave., SW, Whitten Bldg.
Washington, DC 20250

CERTIFIED MAIL/
RETURN RECEIPT REQUESTED

ROPES & GRAY LLP
PRUDENTIAL TOWER
800 BOYLSTON STREET
BOSTON, MA 02199-3600

UNITED STATES DISTRICT COURT
for the
DISTRICT OF MASSACHUSETTS

**PRESIDENT AND FELLOWS OF HARVARD
COLLEGE**

Plaintiff

v.

**US DEPARTMENT OF HEALTH AND HUMAN
SERVICES, ET AL.**

Defendant

Civil Action No.:
1:25-CV-11048-ADB

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* **U.S. Department of Agriculture
1400 Independence Ave., SW, Whitten Bldg.
Washington, DC 20250**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

**Steven Paul Lehotsky
LEHOTSKY KELLER COHN LLP
200 Massachusetts Ave. NW, Suite 700
Washington, DC 20001**

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ROBERT M. FARRELL

CLERK OF COURT

/s/ – Caetlin McManus

Signature of Clerk or Deputy Clerk



ISSUED ON 2025-05-22 16:57:12, Clerk USDC DMA

Civil Action No.: **1:25-CV-11048-ADB****PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) _____
was received by me on (date) _____.

- ☐ I personally served the summons on the individual at (place) _____
_____ on (date) _____; or
- ☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or
- ☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
_____ on (date) _____; or
- ☐ I returned the summons unexecuted because _____; or
- ☒ Other (specify) : **I served summons and amended complaint on 5/27/2025 via certified mail,
receipts attached hereto.**

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

5/27/2025

Date



Server's Signature

Marc K. Duffy

Printed name and title

800 Boylston Street, Boston., MA 02199

Server's Address

Additional information regarding attempted service, etc:

**ROPES
& GRAY**

HC-945

53468

FILE

EMPLOYEE NUMBER

U.S. Department of Agriculture
1400 Independence Ave., SW, Whitten Bldg.
Washington, DC 20250

**CERTIFIED MAIL/
RETURN RECEIPT REQUESTED**

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com™.

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, and fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage

U.S. Department of Agriculture
1400 Independence Ave., SW, Whitten
Bldg.
Washington, DC 20250

\$ Tot
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\$ Cit

PS Form 3800, April 2015 PSN 7530-02-000-5047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
U.S. Department of Agriculture
1400 Independence Ave., SW, Whitten
Bldg.
Washington, DC 20250



9590 9402 7454 2055 6224 46

2. Article Number (Transfer from service label)

7021 0950 0001 8566 9175

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

**ROPES & GRAY LLP
PRUDENTIAL TOWER
800 BOYLSTON STREET
BOSTON, MA 02199-3600**

UNITED STATES DISTRICT COURT
for the
DISTRICT OF MASSACHUSETTS

**PRESIDENT AND FELLOWS OF HARVARD
COLLEGE**

Plaintiff

v.

**US DEPARTMENT OF HEALTH AND HUMAN
SERVICES, ET AL.**

Defendant

Civil Action No.:
1:25-CV-11048-ADB

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Scott Turner
Secretary of Housing and Urban Development
451 Seventh Street, S.W.
Washington, DC 20410

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Steven Paul Lehotsky
LEHOTSKY KELLER COHN LLP
200 Massachusetts Ave. NW, Suite 700
Washington, DC 20001

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ROBERT M. FARRELL

CLERK OF COURT

/s/ – Caetlin McManus

Signature of Clerk or Deputy Clerk



ISSUED ON 2025-05-22 16:57:12, Clerk USDC DMA

Civil Action No.: **1:25-CV-11048-ADB****PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) _____
 was received by me on (date) _____.

☐ I personally served the summons on the individual at (place) _____
 _____ on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
 designated by law to accept service of process on behalf of (name of organization) _____
 _____ on (date) _____; or

☐ I returned the summons unexecuted because _____; or

☒ Other (specify) : **I served summons and amended complaint on 5/27/2025 via certified mail, receipts attached hereto.**

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

5/27/2025

Date



Server's Signature

Marc K. Duffy

Printed name and title

800 Boylston Street, Boston,, MA 02199

Server's Address

Additional information regarding attempted service, etc:

CERTIFIED MAIL/
RETURN RECEIPT REQUESTED

CERTIFIED MAIL®
U.S. MAIL



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

7021 0950 0001 8566 9168

7021 0950 0001 8566 9168

OFFICIAL USE

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee		
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		
\$		
Total	\$	
Sent	\$	
Street		
City, State, ZIP+4®		

Scott Turner
Secretary of Housing and Urban Development
451 Seventh Street, S.W.
Washington, DC 20410

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

**ROPES & GRAY LLP
PRUDENTIAL TOWER
800 BOYLSTON STREET
BOSTON, MA 02199-3600**


SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.

■ Print your name and address on the reverse so that we can return the card to you.

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1. Article Addressed to:
Scott Lerner
Secretary of Housing and Urban
Development
451 Seventh Street, S.W.
Washington, DC 20410


9590 9402 7454 2055 6224 53

2. Article Number (Transfer from service label)
7021 0950 0001 8566 9168

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?
If YES, enter delivery address below:

☐ Yes

☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Registered Mail

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

PS Form 3811, July 2020 PSN 7530-02-000-9053

UNITED STATES DISTRICT COURT
for the
DISTRICT OF MASSACHUSETTS

**PRESIDENT AND FELLOWS OF HARVARD
COLLEGE**

Plaintiff

v.

**US DEPARTMENT OF HEALTH AND HUMAN
SERVICES, ET AL.**

Defendant

Civil Action No.:
1:25-CV-11048-ADB

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* The Associate General Counsel for Litigation
Office of Litigation
U.S. Department of Housing and Urban Development
451 Seventh Street, S.W.
Washington, DC 20410

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LEHOTSKY KELLER COHN LLP
200 Massachusetts Ave. NW, Suite 700
Washington, DC 20001

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ROBERT M. FARRELL

CLERK OF COURT

/s/ – Caetlin McManus

Signature of Clerk or Deputy Clerk



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 on (date) _____, and mailed a copy to the individual's last known address; or

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☐ I returned the summons unexecuted because _____; or

☒ Other (specify) : **I served summons and amended complaint on 5/27/2025 via certified mail, receipts attached hereto.**

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

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5/27/2025

Date



Server's Signature

Marc K. Duffy

Printed name and title

800 Boylston Street, Boston., MA 02199

Server's Address

Additional information regarding attempted service, etc:

**ROPES
& GRAY**

HC-945

53468

FILE

EMPLOYEE NUMBER

The Associate General Counsel for Litigation
Office of Litigation

U.S. Department of Housing and Urban Development
451 Seventh Street, S.W.
Washington, DC 20410

**CERTIFIED MAIL/
RETURN RECEIPT REQUESTED**



7021 0950 0001 8566 9144
7021 0950 0001 8566 9144

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage

The Associate General Counsel for Litigation
Office of Litigation
U.S. Department of Housing and Urban
Development
451 Seventh Street, S.W.
Washington, DC 20410

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:
The Associate General Counsel for Litigation
Office of Litigation
U.S. Department of Housing and Urban
Development
451 Seventh Street, S.W.
Washington, DC 20410



9590 9402 7454 2055 6224 77

2. Article Number (Transfer from service label)

7021 0950 0001 8566 9144

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Registered Mail
☐ Registered Mail Restricted Delivery

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

**ROPES & GRAY LLP
PRUDENTIAL TOWER
800 BOYLSTON STREET
BOSTON, MA 02199-3600**

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt